International Private Medical Insurance

Additional pre-contractual information document for non-life insurance products (Additional IPID Non-Life)

Company: Bupa Global Designated Activity Company
Product: International Health and Hospital Plan

This Additional IPID Non-Life was drawn up on October 2023 and is the latest available

This document contains additional and complementary information to that contained in the pre-contractual information document for non-life insurance products (DIP Non-Life) in order to help potential policyholders to understand in more detail the characteristics of the product, the contractual obligations and the financial situation of the company.

The policyholder must read the insurance terms and conditions before signing the contract.

Bupa Global Designated Activity Company (Bupa Global DAC) is an insurer and a subsidiary of The British United Provident Association Limited (Bupa). Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland. Bupa Global is authorised to conduct insurance business in Italy under Freedom of Services.

Registered Office: Bupa Global DAC 10 Pembroke Place, Ballsbridge, Dublin 4, D04 V1W6 Tel: +44 1273 208 181 Website: www.bupaglobal.com, Email: info@bupaglobal.com Company Registration Number: 623889

With reference to the latest 2022 financial statements (as at the 31 December 2022) drawn up in accordance with the current accounting standards, the following is reported:

- The Solvency Capital Requirement (SCR), equal to €17.8 million euro;
- The Minimum Capital Requirement (MCR), equal to €5.9 million euro;
- Own funds eligible to meet the Solvency Capital Requirement (SCR), equal to €56.1 million euro;
- Own funds eligible to meet the Minimum Capital Requirement (MCR), equal to €56.1 million euro;
and the value of the Company's solvency ratio, equal to 315%.

Please refer to the 'Bupa Global DAC Solvency and Financial Condition Report 31 December 2022', available on www.bupa.com/financials/regulatory-reports for further reference.

This contract is governed by Danish law.

What is insured?

Hospital Plan
Hospitalisation:
- Room and board for a parent or a legal guardian accompanying a child dependant

Surgery:
- Initial reconstruction surgery

Medical treatment:
- Medicine for use during hospitalisation
- Pacemaker
- Prescribed out-patient medicine up to 7 days after discharge from hospital

Childbirth (Hospital Plan incl. Module 1 Non-hospitalisation benefits):
- Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal treatment for mother and child
- Medically essential caesarean section, incl. pre- and postnatal treatment for mother and child
- Delivery and caesarean following infertility treatment. Excluding pre- and postnatal treatment for mother and child

Other benefits:
- Organ transplant
- Emergency room treatment
- Hospice and palliative care
- Emergency dental treatment

Optional Module 1: Non-Hospitalisation Benefits
- Psychologist and psychotherapist:
- Psychologist and psychotherapist
- Examinations and other medical assistance:
- ECG
- Injection and vaccination
- Acupuncture and homeopathic treatment, performed by complementary medicine practitioners

OPTIONS WITH A REDUCTION IN THE PREMIUM	
Optional Co-insurance:	Co-insurance on this health plan, is the percentage the policyholder has to pay towards all out-patient day to day care expenses that the policyholder shares with Bupa Global, as shown in the policyholder's membership certificate and membership guide.
Optional Deductible:	Deductible on this health plan, is the amount the policyholder has to pay (up to €16,000) each year in any policy year before Bupa Global DAC begins to pay for any covered expenses.

What is insured? (continued)

OPTIONS WITH THE PAYMENT OF AN ADDITIONAL PREMIUM	
	No options applicable for the reduction in the premium.

What is NOT insured?

Excluded risks	- Non-medically essential or cosmetic surgery and treatment
	- Obesity surgery and treatment (including diet pills)
	- Contraception (including sterilisation)
	- Induced abortion (unless medically prescribed)
	- Gender issues
	- Hospital stay when it is used solely or primarily for any of the following purposes:
	  - receiving general nursing care or any other services which do not require the policyholder to be in a hospital and could be provided in a nursing home or other establishment that is not a hospital
	  - receiving services which would not normally require trained medical professionals (e.g., help in walking and bathing) and pain management
	- Treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment
	- Health certificates
	- Treatment of diseases during military service
	- Treatment for sickness or injuries directly or indirectly caused by the customer putting him/ herself in danger by entering a known area of conflict as listed below:
	- war, invasion, acts of a foreign enemy, hostilities
	- (whether war has been declared or not), civil war,
	- terrorist acts, rebellion, revolution, insurrection, civil
	- commotion, military or usurped power, martial law,
	- riots or the acts of any lawfully constituted
	- authority, or army, naval or air services operations
	- whether war has been declared or not.
	- Nuclear reactions or radioactive fallout
	- Treatment or surgery to correct refractive errors in the eyesight (due to e.g., myopia, hyperopia/ hypermetropia, astigmatism and presbyopia)
	- Experimental or unproven treatment
	- Treatment or medicine which is not proven to be effective based on acceptable current clinical evidence
	- Chinese medicine
	- In-patient treatment for more than 90 continuous days for permanent neurological damage or when the policyholder is in a persistent vegetative state
	- Genetic testing (unless medically necessary)

Are there coverage limits?

Coverage limits on the benefits are shown as below:
Hospital Plan
- Prescribed out-patient medicine up to 7 days after discharge from hospital - €900
- Childbirth (subject to a 12-month waiting period)
  - Delivery and non-medically essential caesarean section delivery incl. pre- and postnatal treatment for mother and child (maximum per delivery - covered 100% up to €5,725).
  - Medically essential caesarean section, incl. pre- and postnatal treatment for mother and child (maximum per delivery - covered 100% up to €10,625).
  - Delivery and caesarean following infertility treatment. Excluding pre- and postnatal treatment for mother and child (maximum per delivery - covered 100% up to €5,725).
- Organ transplant - €450,000 per lifetime.
- In-patient Rehabilitation:
  - Medically prescribed in-patient rehabilitation at an authorised medical facility following hospitalisation for treatment covered by this insurance (maximum per day for maximum 90 days per course of an illness - €330).
- Home nursing - expenses incurred for medically prescribed assistance in the policyholder's private home by a certified nurse (maximum per day for maximum 40 days per policy year - €130).
- Hospice and palliative care:
  - Hospice and palliative care, maximum per lifetime - €30,500.
- Hospital cash benefit:
  - Room, board, and treatment (maximum 60 nights per policy year - €90).

Optional Module 1: Non-Hospitalisation Benefits
- General practitioners and specialists:
  - GP consultations, eye and ear specialists/other specialists, psychiatrists – each covered up to €220, per consultation.
  - Chinese doctor consultation (if charged separately), per consultation (€30 maximum per policy year €300).
- Psychologist and psychotherapist*:
  - €220 per consultation, (*a combined maximum of 15 consultations within a 30-day period for GP/specialists and psychologist / psychotherapist)

Are there coverage limits? (continued)

- Therapists:
  - Dietetic guidance, speech therapy per consultation - €50, maximum of 4 consultations per year.
  - Physiotherapist, occupational therapist, per consultation - €95 maximum per policy year €1050.
  - Chiropractor/osteopath (including Chinese bonesetter) all inclusive, per consultation - €65 maximum per policy year €1,050.
- Full health screening:
  - Full health screening all inclusive, per policy year - €900.
- Examinations and other medical assistance:
  - Laboratory test, analysis (maximum per test - €450).
  - X-ray and ECG – each covered up to €450.
  - Scan, per examination - €1,020.
  - Injection and vaccination, per injection/vaccination - €85.
  - Acupuncture, homeopathic treatment, performed by complementary medicine practitioners - €55.

Optional Module 2: Medicine and Appliances

- Hearing aids:
  - Prescribed hearing aids, per appliance, maximum - Covered 50% up to €300.
  - Maximum two appliances are reimbursed per policy year up to maximum – covered 50% up to €600.
- Medicine:
  - Prescribed medicine and traditional Chinese medicine (maximum per policy year €375 for traditional Chinese medicine).
  - Medicine and other appliances are reimbursed up to an annual maximum of €3,000).

Optional Modules 4A and 4B

- Dental and optical
- Dental treatment:
  - Examinations, maximum
    (Module 4A - covered 80% up to €30)
    (Module 4B - covered 80% up to €50)
  - Tooth cleaning, maximum
    (Module 4A - covered 80% up to €50)
    (Module 4B - covered 80% up to €70)
  - Fillings per tooth, maximum
    (Module 4A - covered 80% up to €80)
    (Module 4B - covered 80% up to €130)
  - Root treatment per tooth, maximum
    (Module 4A - covered 80% up to €380)
    (Module 4B - covered 80% up to €540)
  - Tooth extractions per tooth, maximum
    (Module 4A - covered 80% up to €75)
    (Module 4B - covered 80% up to €145)
  - Surgery, maximum
    (Module 4A - covered 80% up to €160)
    (Module 4B - covered 80% up to €465)
  - X-ray, maximum
    (Module 4A - covered 80% up to €60)
    (Module 4B - covered 80% up to €70)
  - Anaesthesia, maximum
    (Module 4A - covered 80% up to €30)
    (Module 4B - covered 80% up to €50)
- Special dental treatment:
  - Bridgework, crowns, dental implants, periodontitis, orthodontics (tooth adjustment) (subject to a 24-month waiting period), dentures
    (Module 4A - covered 50% maximum per policy year for special dental treatment €2,650)
    (Module 4B - covered 50% maximum per policy year for special dental treatment €3,650)
- Glasses and contact lenses:
  - One pair of glasses: (excl. frames)
    (Module 4A - 80% maximum per policy year up to €160)
    (Module 4B - 80% maximum per policy year up to €220)
  - Contact lenses:
    (Module 4A - 80% maximum per policy year up to €100)
    (Module 4B - 80% maximum per policy year up to €130)
  - Eye check:
    (Module 4A and Module 4B – each covered up to a maximum of €240)

What obligations do I have? What obligations does the Company have?

What must be done in case of a loss?	**Notice of loss:** The quickest way for a policyholder to submit a claim is to log on to the MembersWorld account and submit the claim electronically. - A policyholder should make sure that Bupa Global has all the information as the biggest delay to paying a claim is normally incomplete, missing, or ineligible information. - A policyholder should make sure that the correct bank details are given to Bupa Global. Reimbursement by bank transfer is the quickest way to receive a policyholder's payment.
	Assistance provided directly/under an arrangement: **Evacuation or Repatriation:** Bupa Global is not the provider of the transportation, medical evacuation, and medical repatriation, but will arrange those services on the policyholder's behalf. In some countries Bupa Global may use service partners to arrange these services locally, but Bupa Global will always be there to support the policyholder.
	Administration by other companies: All claims are processed by Bupa Global.
	Limitation period: Bupa Global is not obliged to pay for any covered benefits if the claim form is received by Bupa Global more than 2 years after the covered benefits were provided to the policyholder, unless there is a good reason why it was not possible for the policyholder to make the claim earlier.
Inaccurate or incomplete declarations	- **Application form:** A policyholder and/or any dependant must take reasonable care to make sure that all information provided in the application form to Bupa Global is accurate and complete, at the time the policyholder takes out this plan, and at each renewal and variation of this plan. The policyholder and any dependant must also tell Bupa Global if any of the answers to the questions in the application form change prior to the plan starting. - **Claims:** A policyholder and/or any dependant must take reasonable care to make sure that all claims information provided to Bupa Global is accurate and complete. If any of the information on application forms or claims submitted to Bupa Global is inaccurate or incomplete, Bupa Global may refuse to cover the policyholder at all or may treat this plan as if it had not existed.
Obligations of the Company	- Bupa Global will pay for the cost of any covered benefits in accordance with the terms of this policy. Bupa Global makes the payment of claims within 28 days. - Bupa Global will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of your control, such as a bank error.

When and how must I pay?

Premium	- A policyholder can pay policy premiums by credit card (monthly/quarterly/annually), by bank transfer (quarterly/annually, provided the policyholder has not chosen a co-insurance) and by cheque or banker's draft (provided the policyholder is not paying monthly or the policyholder has not chosen a co-insurance). - A policyholder should pay the premiums directly to Bupa Global. - There are no mechanisms for indexing/adjusting the premium throughout the year. - The policy premium is subject to Insurance Premium Tax based on the policyholder's country of residence (Italy). Bupa Global may adjust a policyholder's policy premium at renewal. - The policy premium will be increased if the policyholder has reached the age of 60. - The policy premium may be adjusted if there is a previous medical history, exclusion of cover or, if there was previously a rejection of the insurance. - The policy premium rate will be based on the country of residence at the first day of the membership year.

When and how must I pay? (continued)

Refund	- If the policyholder chooses to cancel their policy within one calendar month of receiving their first insurance certificate for the policy year, and they have not made any claims in respect of that initial first calendar month period, Bupa Global will make a full refund to the policyholder of all premium paid for that policy year. Where a claim has been made in respect of the initial first calendar month period, the policyholder will be deemed to have affirmed the policy and the cancellation will be treated as a cancellation made during the policy year. - If the policyholder chooses to cancel the cover of a dependant within the first calendar month of receiving the first insurance certificate for the policy year which names that dependant on the policy, and no claims have been made in respect that dependant for the initial first calendar month period, Bupa Global will make a full refund to the policyholder of all premium paid in respect of that dependant for that policy year. Where a claim has been made in respect of the initial first calendar month period, the policyholder will be deemed to have affirmed the dependant's cover under the policy and the cancellation will be treated as a cancellation made during the policy year. - If a policyholder (and/or a dependant) chooses to cancel their policy following the initial first calendar month of receiving their first insurance certificate for the policy year (or where cancellation is requested within the initial first calendar month period and a claim has been made under the policy for that period), Bupa Global will refund the amount of any premium paid for the period following the date on which the cancellation takes effect (i.e., from the 14th day of Bupa Global being notified of the request). - If the policyholder chooses to remove a dependant from cover following the initial first calendar month of receiving the first insurance certificate for the policy year which names that dependant on the policy (or where cancellation is requested within the initial first calendar month period and a claim has been made under the dependant's cover for that period), Bupa Global will refund the amount of any premium paid to Bupa Global for the period following the date on which the removal of the dependant takes effect (i.e., from the 14th day of Bupa Global being notified of the request). - If a policyholder dies, and no adult dependant has taken over the policy, the policy will end and if no valid claims have been made or covered benefits received under this policy, Bupa Global will refund that part of the premium which relates to the period after the policy ended. - If a dependant dies then their cover under this policy will end and, provided that no valid claims have been made or covered benefits received under this policy by or on behalf of that dependant, Bupa Global will refund that part of the premium which relates to the dependant for the period after their cover ended.

When does the cover commence and when does it end?

Policy period	**Policy period:** - This policy is an insurance contract between the policyholder and Bupa Global for each policy year (12 months). **Procedures for renewal of policy:** - Bupa Global will write to let a policyholder know the terms on which the policyholder may renew the policy for the next year, in advance of the renewal date. **Waiting periods:** - It is the amount of time a policyholder must wait before some or all of their policy benefits come into effect.
Suspension	There is no option to suspend a policy.

How may I cancel the policy?

Cooling-off period	There is no other information on the cooling-off period of this policy other than that provided in the pre-contractual Insurance Product Information Document (IPID) for the International Health and Hospital Plan.
Termination	- A policyholder can choose to terminate this membership (which would also end the cover for all of their dependants), or remove any of the dependants from their cover, at any time, by telephoning or emailing Bupa Global. - Terminating membership will take effect 14 days after the main policyholder notifies Bupa Global of the request by telephone, email or post. Bupa Global will not back-date any requests for termination, or the removal of dependants from cover. Claims relating to treatment or benefits taking place following the date of termination will not be payable.

Who is this product intended for?

International Health and Hospital Plan products and services are for people who require medical insurance to cover medical treatment as well as, or instead of, the healthcare provided locally. The products and services are designed to appeal to a wide variety of customers globally but primarily for those customers who have a need for global cover that is rich in benefits.

What costs must I occur?

Intermediary charges	The commission for intermediaries for the sale of the International Health and Hospital Plan is 15% upon inception of the policy and 10% at the renewal of the policy.
PPI costs	No more costs apply to this policy.

HOW MAY I FILE COMPLAINTS AND SETTLE DISPUTES?

With the insurance company	If a policyholder has a concern or complaint about this policy the policyholder can call the Bupa Global Customer Service team on +44 (0) 1273 323563. Alternatively, a policyholder can e-mail or write to the team via info@bupaglobal.com, or Bupa Global, Victory House, Trafalgar Place, Brighton, BN1 4FY, United Kingdom. A policyholder can also use these contact details to request a full copy of Bupa Global's complaints procedure. If Bupa Global cannot settle the policyholder's complaint the policyholder may be able to refer their complaint to an independent organisation for review. Which organisation it will be depends on the nature of the complaint and the location of the Bupa Global office where the cause of complaint occurred. Bupa Global will advise the complainant at the time. In most cases this will be either the Danish Insurance Complaints Board or the Irish Finance Services and Pensions Ombudsman. Further information about the Danish Insurance Complaints Board can be requested by: - writing to them at Østergade 18, 2., DK-1100 Copenhagen K, Denmark - calling them on +45 33 15 89 00 More details can be found on their website www.ankeforsikring.dk Bupa Global acknowledges a complaint upon receipt and aims to respond to the complaint within 40 business days.
With IVASS and Financial Services and Pensions Ombudsman	In case of an unsatisfactory outcome or late response, it is possible to contact IVASS, Via del Quirinale, 21 - 00187 Rome, fax 06.42133206, cert. email: ivass@pec.ivass.it. Info at: www.ivass.it If the complaint filed, cannot be settled, the policyholder can refer their complaint to the Financial Services and Pensions Ombudsman. The policyholder can: - write to them at Lincoln House, Lincoln Place, Dublin 2, Ireland - call them on +353 1 567 7000 - find details at their website www.fspo.ie
BEFORE RESORTING TO THE COURTS, it is possible to use alternative dispute resolution mechanisms, such as:	
Mediation	By calling on one of the mediation bodies included on the list from the Ministry of Justice, which is available for consultation at www.giustizia.it. (Law No. 98 of 9/8/2013).
Assisted negotiation	- There is no facility for assisted negotiation via a request through a company lawyer on this policy. - Any assisted negotiation would be managed via the Complaints process above.
Other alternative dispute resolution mechanisms	- The European Commission provides an Online Dispute Resolution (ODR) platform, which allows consumers who purchase online to submit complaints through a central site which forwards the complaint to the relevant Alternative Dispute Resolution (ADR) scheme. - For Bupa Global, complaints will be forwarded to the Financial Services and Pensions Ombudsman and the policyholder can refer complaints directly to them using the details above. For more information about ODR please visit www.ec.europa.eu/consumers/odr/ - In addition, for the settlement of cross-border disputes, the policyholder may file a complaint with IVASS or directly with the competent foreign authority - which the policyholder can find on the website: FIN-NET | European Commission (europa.eu) - requesting activation of the FIN-NET procedure.

BEFORE COMPILING THE HEALTH QUESTIONNAIRE, PLEASE CAREFULLY READ THE RECOMMENDATIONS AND CAUTIONS CONTAINED IN THE POLICY. ANY INACCURATE OR UNTRUTHFUL STATEMENTS MAY LIMIT OR COMPLETELY RULE OUT THE ENTITLEMENT TO THE INSURANCE BENEFITS.

FOR THIS POLICY, THE COMPANY HAS AN AREA OF THE WEBSITE RESERVED FOR POLICYHOLDERS, THEREFORE, AFTER TAKING OUT THE POLICY, YOU MAY VISIT THIS AREA OF THE WEBSITE AND USE IT FOR THE ONLINE MANAGEMENT OF SAID POLICY.

Bupa Global Designated Activity Company (Bupa Global DAC), trading as Bupa Global, is a designated activity company limited by shares registered in Ireland under company number 623889 and having its registered office at Second Floor, 10 Pembroke Place, Ballsbridge, Dublin 4, DO4 V1W6. Bupa Global DAC, trading as Bupa Global, is regulated by the Central Bank of Ireland.

Directors: M. Potkins (British), C. Heery, G. Beasley, M. Fulton, D. Swanton and G. Pueyo (Spanish).

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